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PTO/SB/50 (4/98)

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## REISSUE PATENT APPLICATION TRANSMITTAL

				A#0555	Dookst M			000770		
	mr	PADENEO		Allorriey	Attorney Docket No.			MTS-880US1 =		
Address t	<b>U.</b>				First Named Inventor			Thiow Keng Tan		
		t Commissione	for Patents		Patent Nu		5,825	, <u>421</u> 발		
Box Patent Application Washington, DC 20231					Original Patent Issue Date (Month/Day/Year)			October 20, 1998		
			Express	Express Mail Label No.			EL711312241US			
	TION FOR R	EISSUE OF:	X Utili	y Patent	atent Design Patent Plant Patent					
APP	LICATION E		AC	ACCOMPANYING APPLICATION PARTS						
Fee Transmittal Form (PTO/SB/56)     (Submit an original, and a duplicate for fee processing)					7. X Foreign Priority Claim (35 U.S.C. 119) (if applicable)					
Specification and Claims (amended, if appropriate)					8. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations					
3. X	Orawing(s) (prop	if appropriate)	9.	English Translation of Reissue Oath/Declaration						
4. Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)					(if applicable)  * Small Entity Statement filed in prior application,					
5. Original U.S. Patent					(PTO/SB/0	9-12)		still proper and desired		
Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)					11. Preliminary Amendment					
or Ribboned Original Patent Grant					12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
	Affidavit /	(PTO/SB/55)	13.	13. Other:						
Original U.S. Patent currently assigned?										
X Yes No										
(If Yes, cl	heck applicable box		<u> </u>							
v	Written Consent of all Assignees (PTO/SB/53 or 54)  *NOTE FOR ITEMS: 1 & 10 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED									
<u>X</u> 3										
14. CORRESPONDENCE ADDRESS										
Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here).  Or X Correspondence address below										
Name	Name Allan Ratner									
	Ratner & Prestia									
Address	Address P.O. Box 980									
City	Valley Forge	State	PA	Zip Cod		te 19	9482`			
Country			Telephone	610-407-07	00		<del></del>	0-407-0701		
NAME	(Print/Type)	Allan Ratner	2//	Reals	tration No. (/	Attornev/Ane				
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ogegrasz. zoledo

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

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			Claims as Fi	iea -				г.			
Claims in Patent	For		er Filed in Application	Nun	(3) nber Extra	Small! Rate	=ntity Fee	-	Other than a Rate	Small E	ntity
(C)	Total Claims 37 CFR 1.16(j)) Independent aims (37 CFR 1.16(i))	(B) (D)	•	****	=	x \$= x \$=		or	× \$=		*****
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ndependent Claims (37 CFR 1.16(i))	***	7 MINUS	****	6	= 1	x \$=		or	x\$ <u>80</u> =		8
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_	quired, or credit e copy of this sh the amount of \$	any ove eet is er	rpayment to closed.	arge a Dep	any additi osit Acco	onal fees unt No1	under : .8-035(	37 ( )	CFR 1.16	or 1.17 v	which

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Serial No. To Be Assigned	Filing Date Herewith	Examiner	Group Art Unit
ovention: VIDEO CODIN	G METHOD AND DECOD	DING METHOD AND DEVICES T	HEREOF
I hereby certify that the fo	<u> </u>		
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is being deposited with th		rvice "Express Mail Post Office to	Addressee" service under
37 CFR 1.10 in an envel	ope addressed to: The As	sistant Commissioner for Patents,	, Washington, D.C. 20231
October 18, 2	2000		
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